16 JUL 2024

MH/ PRINT / 0007 / BILL / FO

# BILLING CARD

Mrs.ANJALATCHI.R
35/Female/MHV202403605
14/07/2024/IPV2024000596
Dr.RAJA

16 JUL 2024

Patient Name _____ D.O.A. 14/07/24 Time 12:20 pm

IP No. _____

Room No. ICU/TICU-2 Rent Per Day 3500/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 14/07/24 | 12.20pm | ER | TICU | SN |
| 15/7/2024 | 12.15pm | TICU | WARD (TS) Normal 307(A. | |
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## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | : | OT No. | : |
| Surgeon | : | Start Time | : |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 14/07/24 | 12.30pm | 15/7/24 | 10 am |
| 15/7/24 | 10 am | 15/7/24 | 12.15pm |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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| 14/7/24 | 12.40pm | 14/7/24 | 5pm. |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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# OPERATION THEA TRE

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|---|---|---|---|
| Date | : | OT. No. | : |
| Surgeon | : | Start Time | : |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

| Date | LABORATORY |
|---|---|
| 14/7/24 | BLOOD GROUP & TYPE, APTT [A005] |
| 16/7/24 | PROTHROMBIN TIME (A032) |

| RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
|---|---|---|---|
| 14/7/24 | ECHO SCREENING (4013) Dr. KARTHIKEYAN | | |
| 14/7/24 | ECG (4014) | | |
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| CBG | | | | CBG | | | |
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| 15/7/24 | | | | | | | |
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| Date | PHYSIOTHERAPY |
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| NEBULIZER | | | | NEBULIZER | | | |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. GAYATHIRI MD | 14/7/24 1Pm. | 15/7/24 9.45am | | | | | |
| DR. KARTHIKEYAN (Cardio) | 14/7/24 at. 6.34pm. | | | | | | |
| ~~DR. PRABHAKARAN (NEURO)~~ | ~~14/7/24~~ @ 9.30am. | (Wrong entry (duplicate)) | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED :<br>RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer

14/7/24.

Sister In-charge